EXHIBIT 2



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Private Company Protection Plus

DIRECTORS AND OFFICERS & PRIVATE COMPANY LIABILITY EMPLOYMENT PRACTICES LIABILITY INSURANCE FIDUCIARY LIABILITY INSURANCE

Philadelphia Indemnity Insurance Company

Policy Number: PHSD860366

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DECLARATIONS

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND R REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. THE AMOUNTS INCURRED FO DEFENSE COST SHALL BE APPLIED AGAINST THE RETENTION.

Item 1. Private Company Name and Address: The E Team Inc 1001 Durham Ave South Plainfield, NJ 07080-2300 Internet Address: www. From: 07/01/2013 To: 07/01/2014 2. Policy Period: Item (12:01 A.M. local time at the address shown in Item 1.) Item 3. Limits of Liability: (A) Part 1, D&O Liability: each Policy Period. (B) Part 2, Employment Practices: 1,000,000 each Policy Period. \$ each Policy Period. (C) Part 3, Fiduciary Liability: \$ 1,000,000 each Policy Period. Aggregate, All Parts: (D) \$ Retention: **!tem** 4. Part 1, D&O Liability: for each Claim under Insuring Agreement B & C. (A) for each Claim under Insuring Agreement B & C. Private Offering: \$ Part 2, Employment Practices: \$ 50,000 for each Claim. (B) (C) Part 3, Fiduciary Liability: for each Claim. 5. Prior and Pending Date: Part 1 No Date Applies Part 2 07/01/2013 Part 3 No Date Applies Item Part 2\$ 6. Part 3 Item Premium: Part 1 Total Premium: \$

Endorsements: See Form List Attached

PI-PRD-1 (09/02)

In witness whereof, the Insurer issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by the duly authorized representative of the Insurer.

Rowneloff	Y	/ 3
Authorized Representative	Countersignature	Countersignature Date